



A. Employer's Information

! If you want the application
returned by mail, leave the Return
Fax Number blank.

1. Return Fax Number

()

-

2. Employer's Full Legal Name

3. Employer's Address (Number and Street)

4. Employer's City

State

Zip/Postal Code

5. Employer's EIN Number

-

6. Employer's Phone Number

()

-

Extension

B. Rate of Pay

1. Wage Rate (or Rate From) (Required):

\$.

2. Rate Up To (Optional):

\$.

3. Rate is Per:

☐ Year

☐ Week

☐ Month

☐ Hour

☐ 2 Weeks

4. Is this position
part-time?

☐ Yes

☐ No

! Please Note:
Part-time hours
worked by
nonimmigrant(s) will
be in the range of
hours stated on the
INS Form(s) I-129.

C. Period Of Employment and Occupation Information

1. Begin Date

/ /

2. End Date

/ /

3. Occupational Code

(1 2 3 4 5 6 7 8 9 0)

(1 2 3 4 5 6 7 8 9 0)

(1 2 3 4 5 6 7 8 9 0)

4. Number of H-1B Nonimmigrants

(1 2 3 4 5 6 7 8 9 0)

(1 2 3 4 5 6 7 8 9 0)

(1 2 3 4 5 6 7 8 9 0)

5. Job Title

! Please Note: The Date Information
MUST be in MM/DD/YYYY format

D. Information relating to Work Location for the H-1B Nonimmigrants

! This section is
REQUIRED

1. City

State

! Do NOT write
"Same As
Above". This
section MUST
be filled out.

2. Prevailing Wage

\$.

3. Wage is Per:

☐ Year

☐ Week

☐ Month

☐ Hour

☐ 2 Weeks

4. Wage Source

☐ SESA

☐ Collective
Bargaining
Agreement

☐ Other

If OTHER is
chosen as the
Wage Source,
Numbers 5
and 6 in this
section
MUST be
filled out.

5. Year Source Published

6. Other Wage Source

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manually, please ensure that the Page Link field contains a 6 digit
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D. Subsection A Information For Additional or Subsequent Work Location

! This Section should be completed only if filing for more than 1 work location.

[illegible]

2. Prevailing Wage \$ _____.

5. Year Source Published			

3. Wage is Per:

<input type="radio"/> Year	<input type="radio"/> Week
<input type="radio"/> Month	<input type="radio"/> Hour
<input type="radio"/> 2 Weeks	

4. Wage Source

- ☐ SESA
- ☐ Collective Bargaining Agreement
- ☐ Other

If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.

[illegible]

E. Employer Labor Condition Statements

! Please Note: In order for your application to be processed, you MUST read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all 4 labor condition statements summarized below:

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** No strike or lockout in the occupational classification at the place of employment.
- (4) **Notice:** Notice to union or to workers at the place of employment. A copy of this form to H-1B workers.

I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages.

☐ Yes ☐ No

F. Additional Employer Labor Condition Statments

! Please Note: In order for your application to be processed, you **MUST** read Section F - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you **MUST** read Section F - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.

1. Subsection 1

Choose ONE of the following 3 alternatives:

- A** ☐ **Employer is not H-1B dependent and is not a willful violator.**
- B** ☐ **Employer is H-1B dependent and/or a willful violator.**
- C** ☐ **Employer is H-1B dependent and/or a willful violator BUT will use this application **ONLY** to support H-1B petitions for exempt nonimmigrants.**

2. Subsection 2

If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:

- A. Displacement: Non-displacement of the U.S. workers in employer's work force;**
- B. Secondary Displacement: Non-displacement of U.S. workers in another employer's work force; and**
- C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. worker applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).**

***I have read and agree to Additional Labor
Conditional Statements 2 A, B, and C.***

☐ Yes ☐ No

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G. Public Disclosure Information

Public disclosure information will be kept at:

- ☐ Employer's principal place of business
- ☐ Place of employment

! You must choose one of the two options listed in this Section.

H. Declaration of Employer

! By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read the sections E and F of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records, available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act.

1. First Name of Hiring or Other Designated Official

[illegible]

2. Last Name of Hiring or Other Designated Official

[illegible]

3. Hiring or Other Designated Official Title

[illegible]

--

5. Date

4. Signature - Do NOT let signature extend beyond the box

I. Contact Information

1. Contact First Name

[illegible]

2. Contact Last Name

[illegible]3. Contact Phone Number

Extension

$$\left(\begin{array}{|c|} \hline \\ \hline \end{array} \right) \begin{array}{|c|} \hline \\ \hline \end{array} - \begin{array}{|c|} \hline \\ \hline \end{array} \begin{array}{|c|} \hline \\ \hline \end{array}$$

J. U.S. Government Agency Use Only

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting _____ and Date Ending _____

Signature and Title of Authorized DOL Official

ETA Case Number

Date _____

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified labor condition application.

K. Complaints

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division of the United States Department of Labor. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with: U.S Department of Justice * 10th Street and Constitution Avenue, NW * Washington, DC * 20530.

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